

Becoming PARTNERS in recovery-oriented care

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Over the past 20 years, the recovery movement in mental health care has transformed the way in which clinicians and behavioral health agencies view and treat persons with serious mental illnesses. The New Freedom Commission on Mental Health defined recovery as “the process in which people are able to live, work, learn, and participate in their communities.” This process supports a clinical approach to psychiatric care that promotes opportunity, hope, and social inclusion.¹ As professionals, “our primary interest should be to take the principles and concepts of [r]ecovery and to look at ways in which our practices and services could be orientated to facilitate [r]ecovery in the people who use them.”²

Drawing upon the Substance Abuse and Mental Health Services Administration’s core principles of a recovery-oriented approach,³ the mnemonic **PARTNERS** may help you recall key concepts to delivering and assessing recovery-oriented care.

Person-centered approaches recognize the patient’s unique gifts, strengths, needs, and cultural perspectives. Treatment is based upon the patient’s resiliencies, deficits, and personal goals, not just algorithms.

Autonomy emphasizes the patient’s right to determine his or her own destiny. It serves as the justification for the recovery maxim of “no decision about me, without me.”

Responsibility recognizes that the choices, decisions, and consequences about the type, amount, and frequency of care are a shared responsibility between physician and patient.

Transformational interactions and attitudes occur between the physician, the patient, and the system in a recovery-oriented model of care. The physician, patient, and agency are transformed into partners in the healing process.

Nonlinear concepts highlight the expectation that a patient’s pathway to recovery inevitably will be punctuated by personal gains, uneventful plateaus, and the occasional setback.

Empowerment is patients’ growing sense that they can speak openly and freely about their needs, hopes, and life goals, individually or through support and advocacy groups.

Respect is the bedrock value that defines the physician/patient relationship and ensures the absence of discrimination and stigmatization within behavioral health systems.

Strength-based approaches remind the physician that valuing and building upon the patient’s core strengths, talents, and positive attributes, rather than narrowly focusing on personal deficits, fuels the recovery process.

References

1. President’s New Freedom Commission on Mental Health. Achieving the promise: transforming mental health care in America. Final report. Rockville, MD: Substance Abuse and Mental Health Administration; 2003.
2. South London and Maudsley NHS Foundation Trust and South West London and St. George’s Mental Health NHS Trust. Recovery is for all: hope, agency and opportunity in psychiatry. A position statement by consultant psychiatrists. London, United Kingdom: SLAM/SWLSTG; 2010.
3. Substance Abuse and Mental Health Services Administration. National consensus statement on mental health recovery. <http://store.samhsa.gov/shin/content//SMA05-4129/SMA05-4129.pdf>. Accessed February 24, 2012.